

Name  
in  
Full

## CERTIFICATE OF DEATH

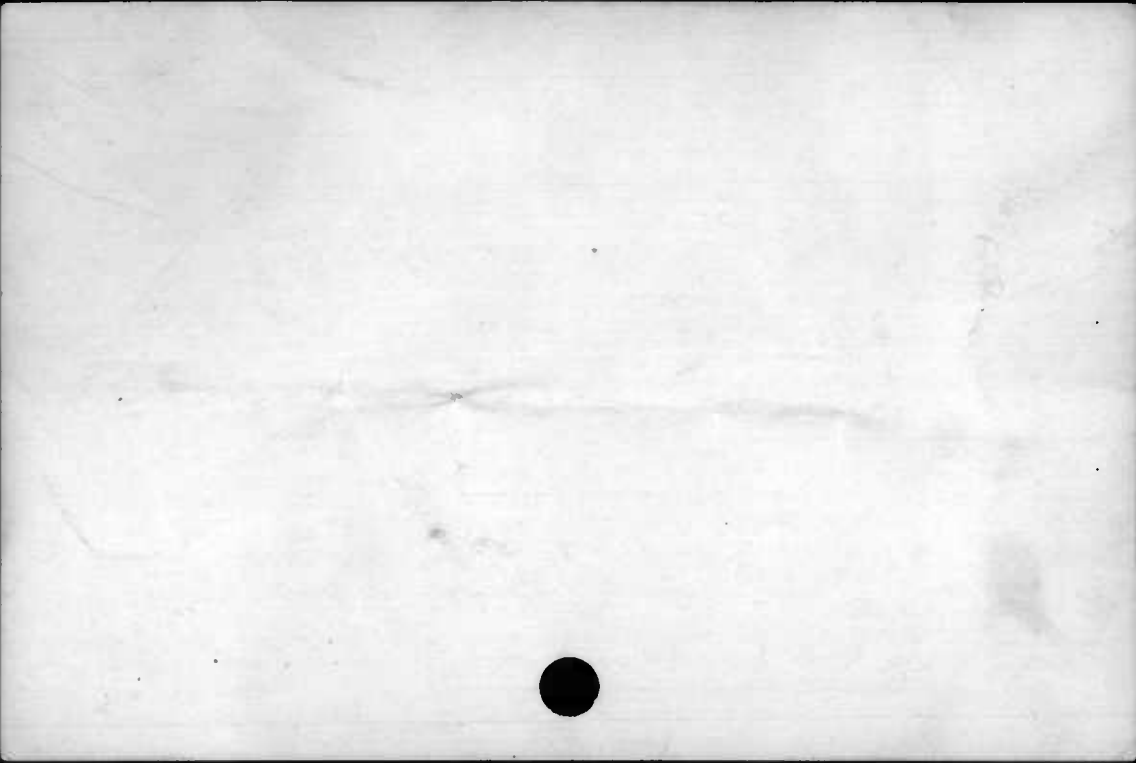
TO BE ANSWERED BY  
NEAREST FRIEND

|  |                             |                                    |  |                             |                          |
|--|-----------------------------|------------------------------------|--|-----------------------------|--------------------------|
| Died at <i>Tomsville</i> <sup>Town</sup>             |                             | <i>D. George</i> <sup>County</sup> |  | MARYLAND                    |                          |
| Date of death <i>1905</i>                            | <i>Dec</i> <sup>Month</sup> | <i>24</i> <sup>Day</sup>           | Age <i>—</i> <sup>Years</sup>                    | <i>10</i> <sup>Months</sup> | <i>—</i> <sup>Days</sup> |
| Sex <i>Male</i>                                      | Color or Race <i>White</i>  |                                    | Birth-place <i>Md</i>                            |                             |                          |
| Occupation <i>none</i>                               |                             |                                    | Where Residing if not at place of death <i>—</i> |                             |                          |
| Married, Single or Widowed <i>Single</i>             |                             |                                    | Name of Wife or Husband <i>—</i>                 |                             |                          |
| Father's Name <i>Albion Boone</i>                    |                             |                                    | Father's Birthplace <i>Md</i>                    |                             |                          |
| Mother's Maiden Name <i>Carrie Dustin</i>            |                             |                                    | Mother's Birthplace <i>Md</i>                    |                             |                          |
| Name of person giving information <i>George Ball</i> |                             |                                    | How related to deceased <i>none</i>              |                             |                          |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary <i>Marasmus</i>  | How long <i>Since</i>                           |
| Immediate <i>General debility</i>                                    | How long <i>birth</i>                           |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>you in attendance</i> |
|  | Address <i>J. Sausbury H. O. Tomsville Md</i>   |
| Accident or Suicide?   |   |



Name  
in  
Full

Paul Branch

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                         |       |                         |   |          |                         |                 |          |        |
|-----------------------------------|-------------------------|-------|-------------------------|---|----------|-------------------------|-----------------|----------|--------|
| Died at <u>Ammanade</u>           |                         | Town  |                         | <u>Prince Georges</u>                   |          | County                  |                 | MARYLAND |        |
| Date of death                     | <u>1905</u>             | Month | <u>Dec</u>              | Day                                     | <u>4</u> | Age                     | <u>60</u>       | Years    | Months |
| Sex                               | <u>male</u>             |       | Color or Race           | <u>White</u>                            |          | Birth-place             | <u>Germany</u>  |          |        |
| Occupation                        | <u>Teacher</u>          |       |                         | Where Residing if not at place of death |          |                         | <u>Ammanade</u> |          |        |
| Married, Single or Widowed        |                         |       | Name or Wife or Husband |   |          |                         |                 |          |        |
| <u>Married</u>                    |                         |       | <u>X</u>                |   |          |                         |                 |          |        |
| Father's Name                     | <u>George Branch</u>    |       |                         |   |          | Father's Birthplace     | <u>Germany</u>  |          |        |
| Mother's Maiden Name              | <u>Catharine Schorn</u> |       |                         |   |          | Mother's Birthplace     | <u>Germany</u>  |          |        |
| Name of person giving information | <u>Alyceus Schorn</u>   |       |                         |   |          | How related to deceased | <u>none</u>     |          |        |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                      |                        |                       |
|--|----------------------|------------------------|-----------------------|
| Primary  | <u>Cancer Kidney</u> | How long               | <u>about 9 months</u> |
| Immediate  | <u>Prostration</u>   | How long               | <u>about 2 months</u> |
| Are the name, age, sex, color, date and place correctly given above? |                      | Signature of Physician |                       |
| <u>Yes</u>   |                      | Address                |                       |
|  |                      | <u>C. A. Fox</u>       |                       |
| Accident or Suicide?   |                      | <u>Bellevue Md</u>     |                       |



Name  
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Full

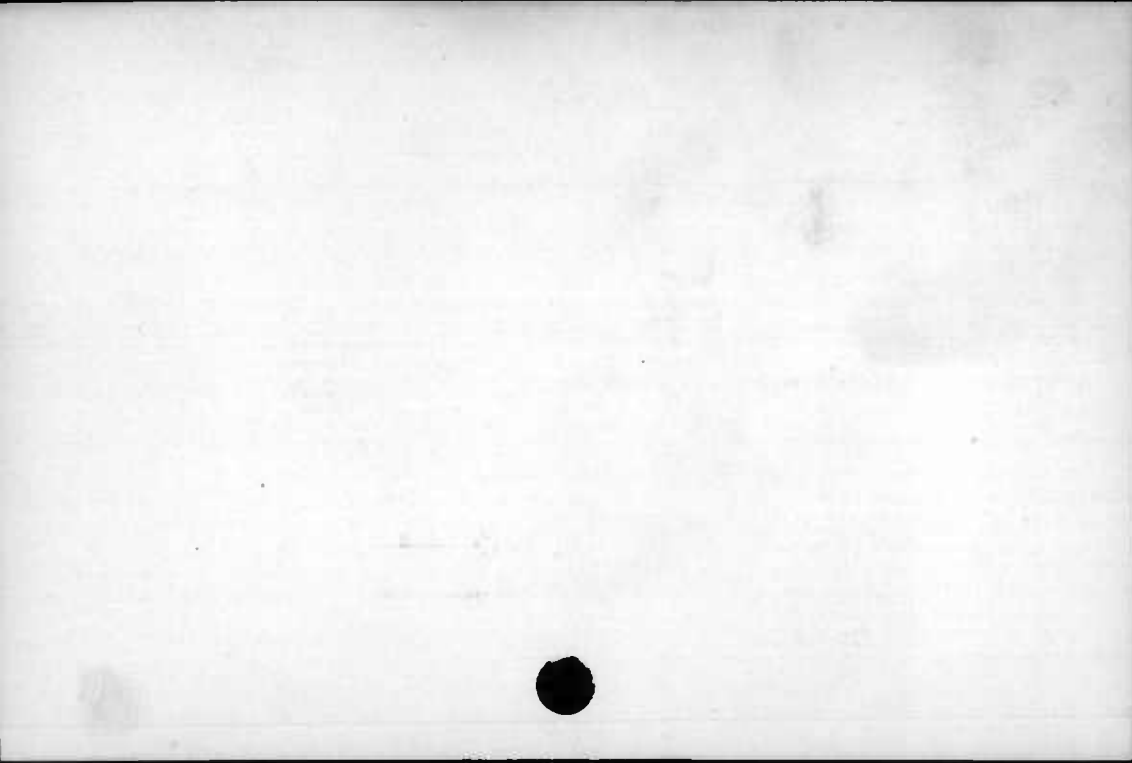
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                            |                        |                 |               |
|---|--|----------------------------|------------------------|-----------------|---------------|
| Died at <i>Clinton</i> Town                           |  | <i>P. G.</i> County        |                        | MARYLAND        |               |
| Date of death <i>190</i>                              | Month <i>Dec</i>                                       | Day <i>21<sup>st</sup></i> | Years <i>52</i>        | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Male</i>                                       | Color or Race <i>Black</i>                             |                            | Birth-place <i>Ind</i> |                 |               |
| Occupation <i>Laborer</i>                             | Where Residing if not at place of death <i>At home</i> |                            |                        |                 |               |
| Married, <del>Single</del><br><del>as married</del>   | Name of Wife <i>Louise Brown</i>                       |                            |                        |                 |               |
| Father's Name <i>John Brown</i>                       | Father's Birthplace <i>Ind</i>                         |                            |                        |                 |               |
| Mother's Maiden Name <i>Wickerson</i>                 | Mother's Birthplace <i>Ind</i>                         |                            |                        |                 |               |
| Name of person giving information <i>J. L. Waring</i> | How related to deceased <i>Wife</i>                    |                            |                        |                 |               |

## CAUSES OF DEATH

|   |   |
|---|---|
| Primary <i>P. Locomotor Ataxia</i>  | How long <i>15 years</i>                      |
| Immediate <i>Paralysis - Congestive heart</i>                                   | How long <i>3 days - 18 hours</i>             |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>James L. Waring</i> |
|   | Address <i>Clinton Ind</i>                    |
| Accident or Suicide?  |   |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *James R Butler* Town *Z.B.* County *Pr. Geo*

Died at *Z.B.*

Date of death *1905* Month *12* Day *29* Age Years *2* Months *5* Days

Sex *male* Color or Race *colored* Birth-place *md*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *James Butler* Father's Birthplace *md*

Mother's Maiden Name *Grace Medley* Mother's Birthplace *md*

Name of person giving information *James Butler* How related to deceased *father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Acute indigestion* How long *12 hours*

Immediate *Convulsion* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John A. Cor*

Address *Z.B.*

Accident or Suicide? *md*



Name In Full

Certificate of Death

Luella Chalk  
 Town County

Died at Laurel Pr Georges

MARYLAND

Date 1905- December 18 Age 47.9  
 Month Day Y. M. D. Native of Maryland Occupation Housewife  
~~Male~~ White Married ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living 5

Husband of Randolph Chalk  
 Wife

Father's Name Joseph W. King Mother's Maiden Name Beulah Aler

Cause of Death { Primary Pulmonary Tuberculosis & bronchitis  
 Immediate General Debility  
 How long sick 8 months  
 Accident, Suicide, Homicide

Reported by

Address

John Cromwell  
 Laurel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Henry Constantine

MARYLAND

Died at *Bladensburg*

*Prince Georges Co*

Date of death 1905 *Dec*

*27*

Age *75*

Months *4*

Days *1*

Sex *Male*

Color or Race *White*

Birth-place *Germany*

Occupation *Shoe maker*

Where Residing if not at place of death

Married, Single or Widowed *Married*

Name of Wife or Husband *Annie S Constantine*

Father's Name *Don't Know*

Father's Birthplace

Mother's Maiden Name *Don't Know*

Mother's Birthplace

Name of person giving information *Amelia Constantine*

How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Pneumonia*

How long *2 weeks*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*Sam'l W. Palmer*

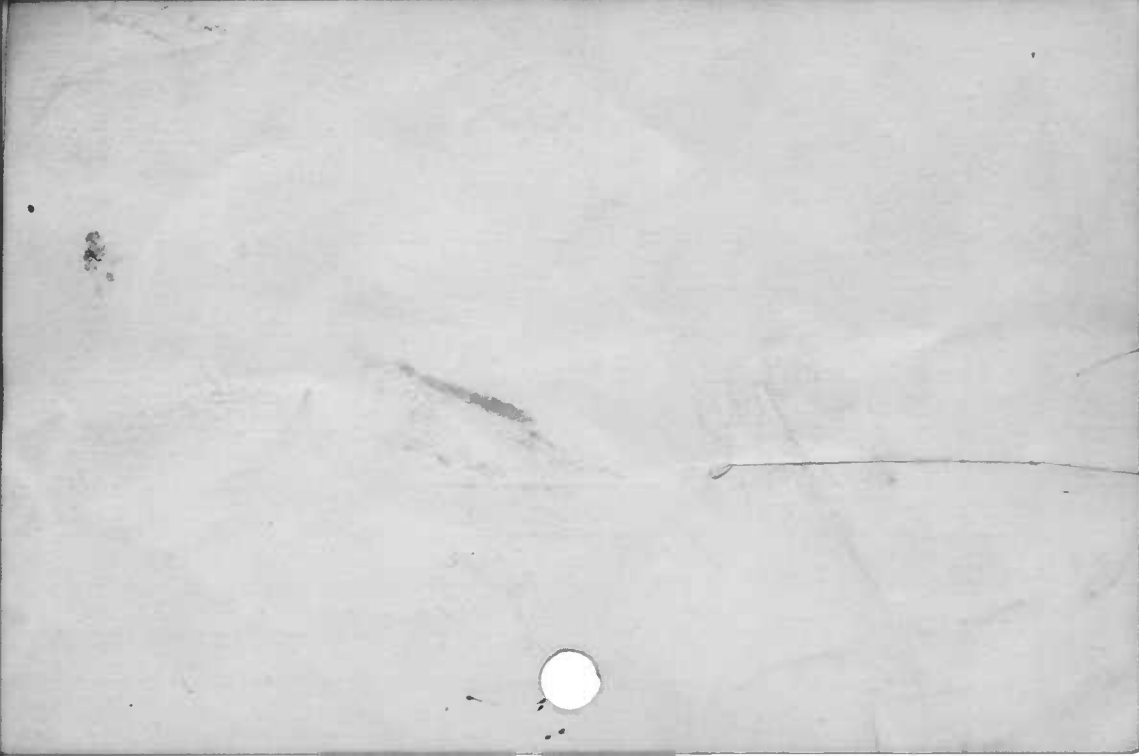
Address

*Hyaltonville*

*md*

Accident or Suicide? *Neither*

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                    |                              |   |                             |          |        |
|------------------------------------|------------------------------|---|-----------------------------|----------|--------|
| Died at <i>Town of L. H. Davis</i> |                              | County <i>Prince George</i>             |                             | MARYLAND |        |
| Date of death                      | Month                        | Day                                     | Age                         | Years    | Months |
| <i>1905</i>                        | <i>Dec</i>                   | <i>8</i>                                | <i>65</i>                   |          |        |
| Sex <i>Male</i>                    | Color or Race <i>Colored</i> |   | Birth-place <i>Maryland</i> |          |        |
| Occupation <i>Farm Laborer</i>     |                              | Where Residing if not at place of death |                             |          |        |
| Married, Single or Widowed         |                              | Name of Wife or Husband                 |                             |          |        |
| Father's Name                      |                              | Father's Birthplace <i>No data</i>      |                             |          |        |
| Mother's Maiden Name               |                              | Mother's Birthplace <i>" "</i>          |                             |          |        |
| Name of person giving information  |                              | How related to deceased                 |                             |          |        |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary <i>Rheumatism</i>  | How long <i>12 yrs</i>                    |
| Immediate <i>Failure of compensatory action of heart</i>             | How long <i>2 1/2 hrs</i>                 |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>A. H. Meloy</i> |
| <i>Copied from S. B. Blank</i>                                       | Address <i>Good Hope St. S. B.</i>        |
| Accident or Suicide? <i>(M. M.)</i>                                  |   |

Received of the  
Hon. Secy. of the Navy  
the sum of \$100.00  
for the purchase of  
the " "

Wm. L. Brown  
Jas. L. Brown  
Jas. L. Brown  
Jas. L. Brown

Received of the  
Hon. Secy. of the Navy  
the sum of \$100.00  
for the purchase of  
the " "

Name  
in  
Full

Waller Joseph Dixon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Piscataway Dist. <sup>County</sup> Pr. Geo.Date of death 1905 <sup>Month</sup> Dec <sup>Day</sup> 13 <sup>Years</sup> Age 61- <sup>Months</sup> 7 <sup>Days</sup> 11Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Md.

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Wid. Name of Wife or Husband \_\_\_\_\_Father's Name Geo. E. Dixon <sup>Father's Birthplace</sup> Md.Mother's Maiden Name Unknown <sup>Mother's Birthplace</sup> Md.Name of person giving information Jas. A. Dixon <sup>How related to deceased</sup> son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary Valvular Dis. of Heart <sup>How long</sup> 3 mo.Immediate Ex haemorrhage from stroke <sup>How long</sup> 2 weeks.Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician R. A. Pyles

Address Annapolis

Accident or Suicide?



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|  |  |   |  |                                |  |
|--|--|---|--|--------------------------------|--|
| Name in Full   |  | Brig. John Ellis                        |  | CERTIFICATE OF DEATH           |  |
| Died at  |  | Cheltenham <small>Town</small>          |  | Pr. Geo. <small>County</small> |  |
| Date of death  |  | 1905                                    |  | MARYLAND                       |  |
| Month  |  | 12                                      |  | Months                         |  |
| Day  |  | 8                                       |  | Days                           |  |
| Age  |  | 8                                       |  | 8                              |  |
| Sex  |  | male                                    |  | Birth-place                    |  |
| Color or Race  |  | White                                   |  | Md                             |  |
| Occupation   |  | Where Residing if not at place of death |  |                                |  |
| Married, Single or Widowed   |  | Name of Wife or Husband                 |  |                                |  |
| Father's Name  |  | Geo. J. Ellis                           |  | Father's Birthplace            |  |
| Mother's Maiden Name   |  | Lillian Tyler                           |  | Mother's Birthplace            |  |
| Name of person giving information  |  |   |  | How related to deceased        |  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> CAUSES OF DEATH </div> |  |   |  |                                |  |
| Primary  |  | Pneumonia & Acute Meningitis            |  | How long                       |  |
| Immediate  |  | Convulsions                             |  | How long                       |  |
| Are the name, age, sex, color, date and place correctly given above?                               |  | yes                                     |  | Signature of Physician         |  |
|  |  |   |  | Address                        |  |
| Accident or Suicide?   |  |   |  | John A. Cor                    |  |
|  |  |   |  | Z.B.                           |  |
|  |  |   |  | Md                             |  |



Name  
in  
Full

Florence E. Fischer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Berwyn* <sup>County</sup> *Prince George* **MARYLAND**

Date of death **1905** <sup>Month</sup> *Dec* <sup>Day</sup> *18* <sup>Years</sup> *40* <sup>Months</sup> *9* <sup>Days</sup> *4*

Sex *Female* Color or Race *White* Birth-place

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Wm G. Fischer*

Father's Name *Jacob J. Frink* Father's Birthplace *Germany*

Mother's Maiden Name *Margaret A. Roemelle* Mother's Birthplace *Don't know*

Name of person giving information *Wm G. Fischer* How related to deceased *Husband*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

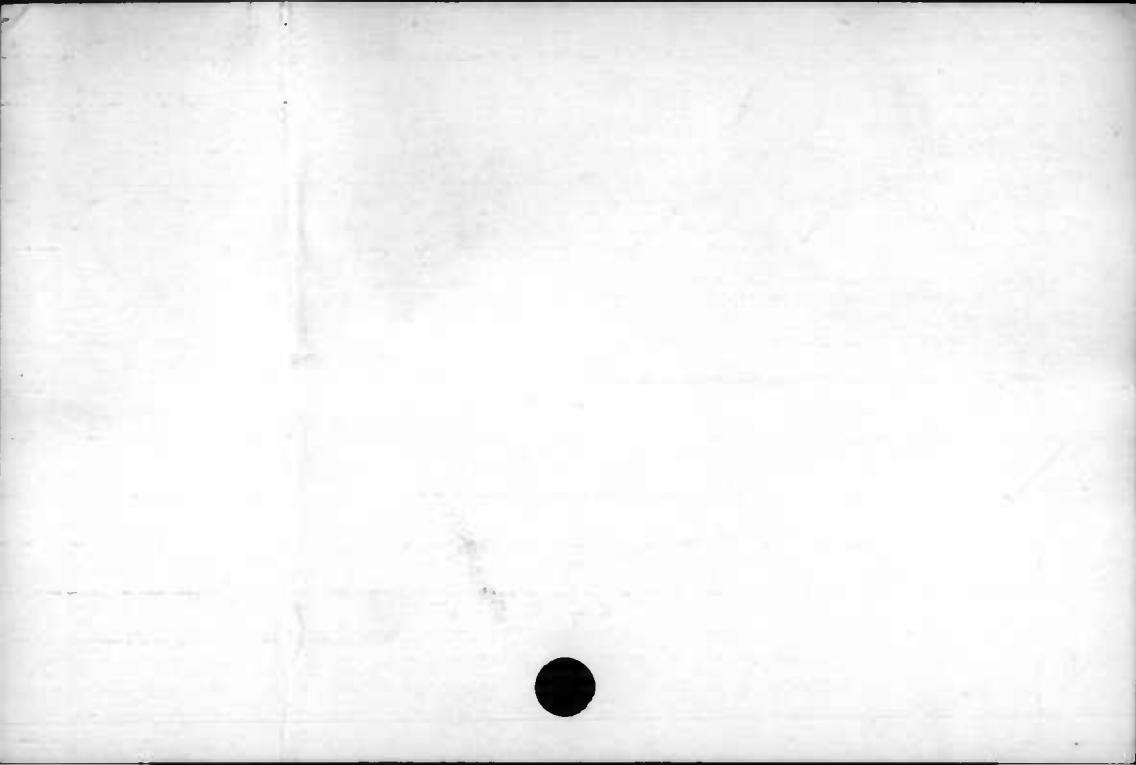
Primary *Pulmonary Tuberculosis* How long *4 or 5 years*

Immediate *Mitral Insufficiency* How long *3 hours.*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *A. D. Etienne*

Address *Berwyn. Md.*

Accident or Suicide?



Name  
in  
Full

Randolph Gibson

CERTIFICATE OF DEATH

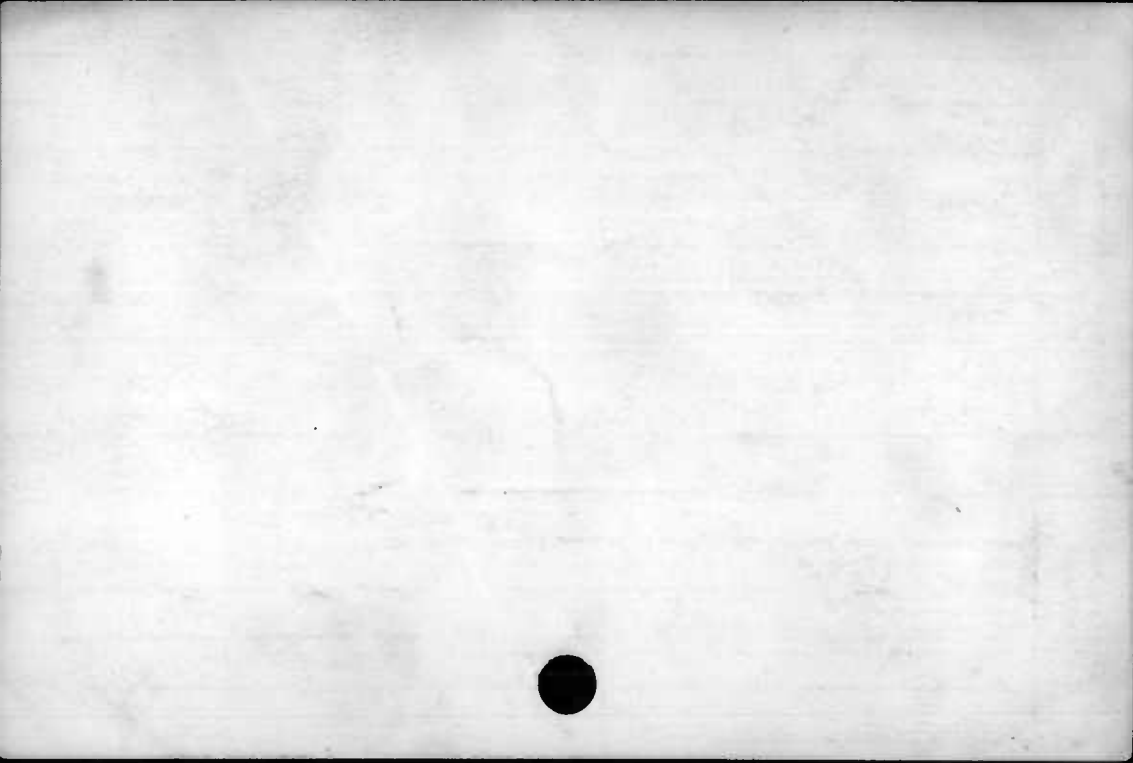
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                                 |  |                              |                                |                              |
|---|---------------------------------|--|------------------------------|--------------------------------|------------------------------|
| Died at <i>Laurel</i> <small>Town</small> |                                 | <i>Prince George</i> <small>County</small> |                              | MARYLAND                       |                              |
| Date of death                             | <i>1905</i> <small>Year</small> | <i>Dec</i> <small>Month</small>            | <i>24</i> <small>Day</small> | <i>7</i> <small>Months</small> | <i>"</i> <small>Days</small> |
| Sex                                       | <i>Male</i>                     | Color or Race                              | <i>Black</i>                 | Birthplace                     | <i>Laurel</i>                |
| Occupation                                | <i>None</i>                     | Where Residing if not at place of death    |                              | <i>Laurel</i>                  |                              |
| Married, Single or Widowed                | <i>Single</i>                   | Name of Wife or Husband                    |                              | <i>None</i>                    |                              |
| Father's Name                             | <i>Richard Gibson</i>           |  |                              | Father's Birthplace            | <i>D.D. Co</i>               |
| Mother's Maiden Name                      | <i>Flavilla Williams</i>        |  |                              | Mother's Birthplace            | <i>a a. Co</i>               |
| Name of person giving information         | <i>William Williams</i>         |  |                              | How related to deceased        | <i>Nephew</i>                |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                  |                        |                    |
|--|------------------|------------------------|--------------------|
| Primary  | <i>Pneumonia</i> | How long               | <i>7 days.</i>     |
| Immediate  |                  | How long               |                    |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i>       | Signature of Physician | <i>[Signature]</i> |
|  |                  | Address                | <i>Laurel Md</i>   |
| Accident or Suicide?   |                  |                        |                    |



Name  
is  
Full

Philip E. Gross

## CERTIFICATE OF DEATH

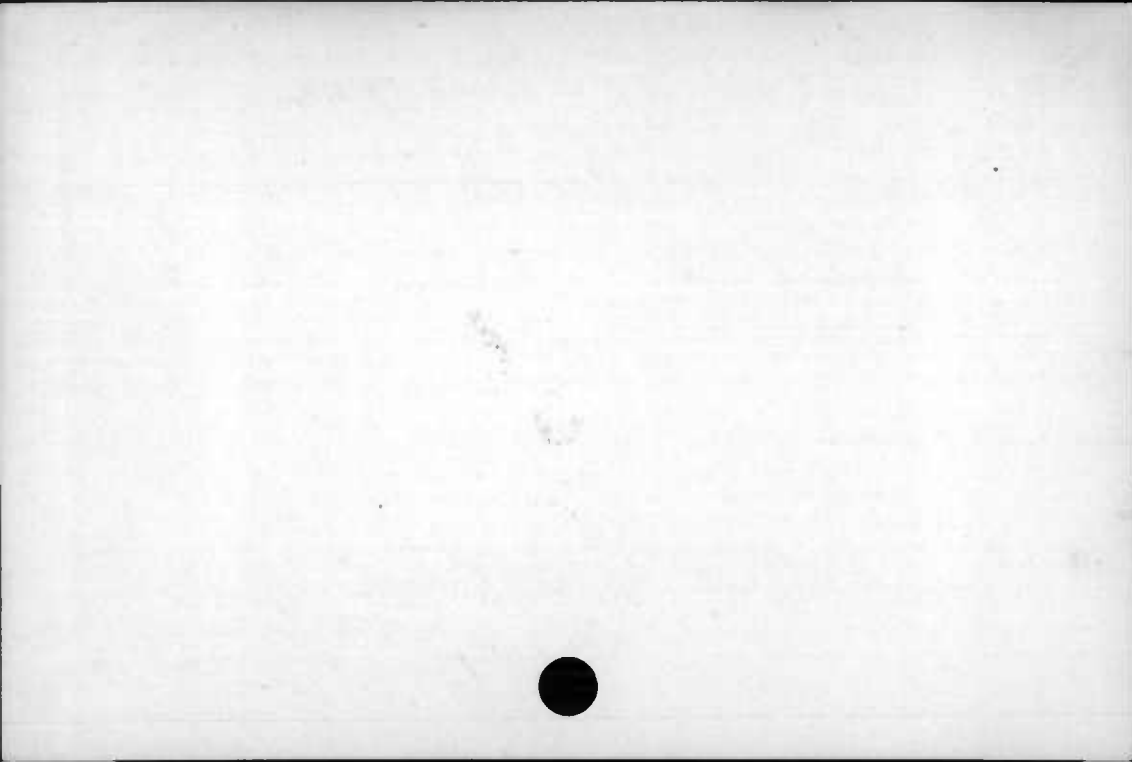
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |              |  |   |  |        |  |             |  |      |  |
|---|--|--------------|--|---|--|--------|--|-------------|--|------|--|
| Died at   |  | Town         |  | Pr                                      |  | County |  | MARYLAND    |  |      |  |
| Date  |  | Month        |  | Day                                     |  | Years  |  | Months      |  | Days |  |
| of death  |  | 1905-12      |  | 28                                      |  | Age 27 |  | 10          |  | —    |  |
| Sex   |  | Male         |  | Color or Race                           |  | Black  |  | Birth-place |  | Md   |  |
| Occupation  |  | Laborer      |  | Where Residing if not at place of death |  | Home   |  |             |  |      |  |
| Married, <del>Single</del><br>or <del>Widowed</del> |  | Name of Wife |  | Eliza Gross                             |  |        |  |             |  |      |  |
| Father's Name                                       |  | Lewis Gross  |  | Father's Birthplace                     |  | Md     |  |             |  |      |  |
| Mother's Maiden Name                                |  | Mary Baker   |  | Mother's Birthplace                     |  | "      |  |             |  |      |  |
| Name of person giving information                   |  | Lewis Gross  |  | How related to deceased                 |  | Father |  |             |  |      |  |

## CAUSES OF DEATH

|  |                         |                     |              |
|--|-------------------------|---------------------|--------------|
| Primary  | Pulmonary Tuberculosis  | How long            | 2 yrs nearly |
| Immediate  | Emaciation + Exhaustion | How long            | —            |
| Are the name, age, sex, color, date and place correctly given above? |                         | Yes                 |              |
| Signature of Physician   |                         | E. P. Simpson, M.D. |              |
| Address  |                         | Rosecroft, Md.      |              |
| Accident or Suicide?   |                         | —                   |              |

PHYSICIAN  
OR CORONER



Name  
in  
Full

George W Groves

## CERTIFICATE OF DEATH

MARYLAND

Died at *Landon* <sup>Town</sup> *Dec 8**Prine Geo* <sup>County</sup>Date of death *1905* <sup>Month</sup> *Dec*

Day

Age *30* <sup>Years</sup>

Months

Days

Sex *Male*

Color or Race

*Colored*

Birth-place

Occupation

Where Residing if not at place of death

Married, Single or Widowed

*Married*

Name of Wife or Husband

*Annie Groves*

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

*Stewart Campbell*

Address

*342 F St S.W.**Wash D.C.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

27



|  |  |   |     |                        |       |                         |      |
|--|--|---|-----|------------------------|-------|-------------------------|------|
| Name in Full   |  | Infant of Frank B. + Jennie H. Guilford |     |                        |       | CERTIFICATE OF DEATH    |      |
|  |  | Town                                    |     | County                 |       | MARYLAND                |      |
| Died at  |  | Mt Rainier                              |     | P. G.                  |       |                         |      |
| Date of death 190  |  | Month                                   | Day | Age                    | Years | Months                  | Days |
| 5  |  | Dec                                     | 3   |                        |       |                         |      |
| Sex  |  | Male                                    |     | Color or Race          |       | White                   |      |
|  |  |   |     | Birth-place            |       | Mt Rainier Md           |      |
| Married, Single or Widowed   |  | Single                                  |     | Occupation             |       | none                    |      |
| Name of Wife or Husband  |  |   |     |                        |       |                         |      |
| Father's Name  |  | Frank B. Guilford                       |     |                        |       | Father's Birthplace     |      |
|  |  |   |     |                        |       | N.Y.                    |      |
| Mother's Maiden Name   |  | Jennie H. Guilford                      |     |                        |       | Mother's Birthplace     |      |
|  |  |   |     |                        |       | N.Y.                    |      |
| Name of person giving information                                    |  | Frank B. Guilford                       |     |                        |       | How related to deceased |      |
|  |  |   |     |                        |       | Father                  |      |
| CAUSES OF DEATH  |  |   |     |                        |       |                         |      |
| Primary  |  | Still Born                              |     |                        |       | How long                |      |
|  |  |   |     |                        |       |                         |      |
| Immediate  |  |   |     |                        |       | How long                |      |
|  |  |   |     |                        |       |                         |      |
| Are the name, age, sex, color, date and place correctly given above? |  | yes                                     |     | Signature of Physician |       | John D. Dorsey          |      |
|  |  |   |     | Address                |       | 20 st + B. J. Ave N.Y.  |      |
|  |  |   |     |                        |       | Wash D.C.               |      |
| Accident or Suicide?   |  |   |     |                        |       |                         |      |

30 & Bunker St Road

White & Green house

Right hand  
first corner

Name  
in  
Full

Albert Hardisty

## CERTIFICATE OF DEATH

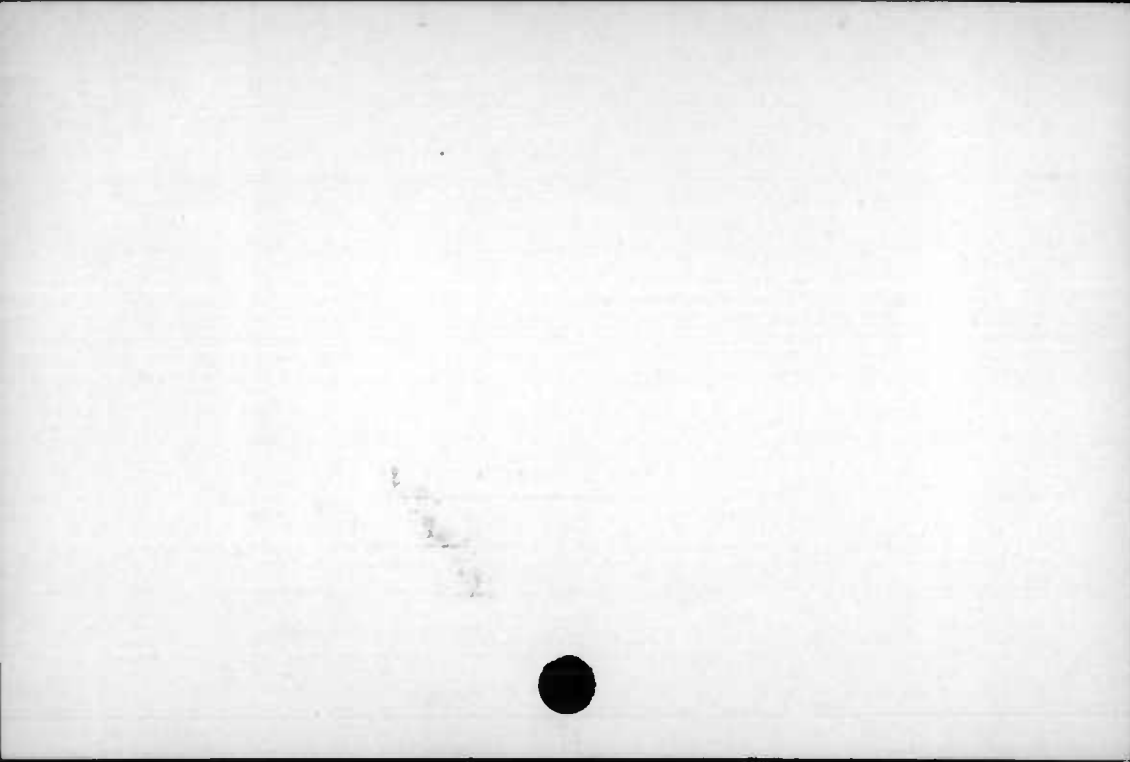
TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |  |                       |              |  |             |                            |           |
|--------------------------------------|--|-----------------------|--------------|--|-------------|----------------------------|-----------|
| Died at                              |  | Town<br>Mitchellville |              | County<br>Prince George                    |             | MARYLAND                   |           |
| Date<br>of death                     |  | 1905                  | Month<br>Dec | Day<br>2                                   | Years<br>58 | Months<br>—                | Days<br>— |
| Sex                                  |  | Male                  |              | Color or<br>Race                           |             | White                      |           |
| Birth-<br>place                      |  | Maryland.             |              |  |             |                            |           |
| Occupation                           |  |                       |              | Where Residing if not<br>at place of death |             |                            |           |
| Carpenter                            |  |                       |              | —  |             |                            |           |
| Married, Single<br>or Widowed        |  | Married               |              | Name of Wife or<br>Husband                 |             | Kate Hardisty              |           |
| Father's<br>Name                     |  | Don't know            |              |  |             | Father's<br>Birthplace     |           |
| Mother's<br>Maiden Name              |  | Susanna Hardisty      |              |  |             | Mother's<br>Birthplace     |           |
| Name of person giving<br>information |  | Kate Hardisty         |              |  |             | How related<br>to deceased |           |
|                                      |  | Wife                  |              |  |             |                            |           |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |                    |                  |             |
|---|--------------------|------------------|-------------|
| Primary   | Chronic Alcoholism | How long         | Don't know. |
| Immediate   | Exposure           | How long         | 2 nights    |
| Are the name, age, sex, color, date<br>and place correctly given above? |                    | Yes              |             |
| Signature of<br>Physician   |                    | Dr. A. R. Walker |             |
| Address   |                    | Halls, Md.       |             |
| Accident or Suicide?  |                    | —                |             |



Name  
in  
Full

*Nannie Hawkins*

CERTIFICATE OF DEATH

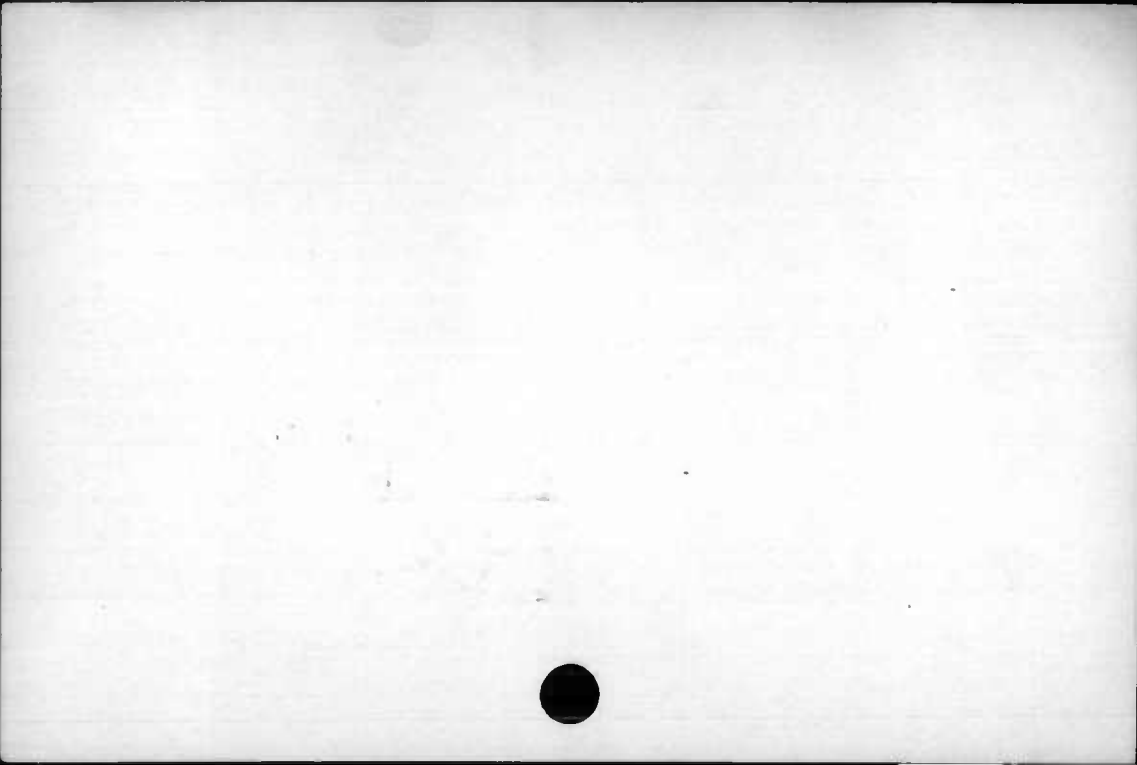
TO BE ANSWERED BY  
NEAREST FRIEND

|  |                           |                                   |                                       |                 |               |
|--|---------------------------|-----------------------------------|---------------------------------------|-----------------|---------------|
| Died at <i>Mitchellsville</i>                            |                           | County <i>Prince George</i>       |                                       | MARYLAND        |               |
| Date of death 190 <i>5</i>                               | Month <i>December</i>     | Day <i>17</i>                     | Age <i>—</i>                          | Months <i>4</i> | Days <i>9</i> |
| Sex <i>Female</i>  | Color or Race <i>dark</i> | Birth-place <i>Mitchellsville</i> |                                       |                 |               |
| Married, Single or Widowed <i>—</i>                      |                           | Occupation <i>—</i>               |                                       |                 |               |
| Name of Wife or Husband <i>—</i>                         |                           |                                   |                                       |                 |               |
| Father's Name <i>Richard Hawkins</i>                     |                           |                                   | Father's Birthplace <i>Pg eo ind</i>  |                 |               |
| Mother's Maiden Name <i>Rachel Boardford</i>             |                           |                                   | Mother's Birthplace <i>" "</i>        |                 |               |
| Name of person giving information <i>Richard Hawkins</i> |                           |                                   | How related to deceased <i>Father</i> |                 |               |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary <i>bronchitis</i>  | How long <i>two weeks</i>                 |
| Immediate <i>Conjestion of brain</i>                                 | How long <i>about one day</i>             |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>John Deason</i> |
|  | Address <i>Mitchellsville Md</i>          |
| Accident or Suicide?   |   |



Name  
in  
Full

*Eliza Perriest*

CERTIFICATE OF DEATH

MARYLAND

Died at *Good Hope* Town *St.* County

Date of death *1905* Month *Dec* Day *26<sup>th</sup>* Age *71* Years Months *—* Days *—*

Sex *Female* Color or Race *Black* Birth-place *Ind*  
Occupation *house* Where Residing if not at place of death *Good Hope-St.*

~~Married Single~~ Widowed Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *Ind*

Mother's Maiden Name *—* Mother's Birthplace *Ind*

Name of person giving information *Brund Perriest* How related to deceased *Son*

CAUSES OF DEATH

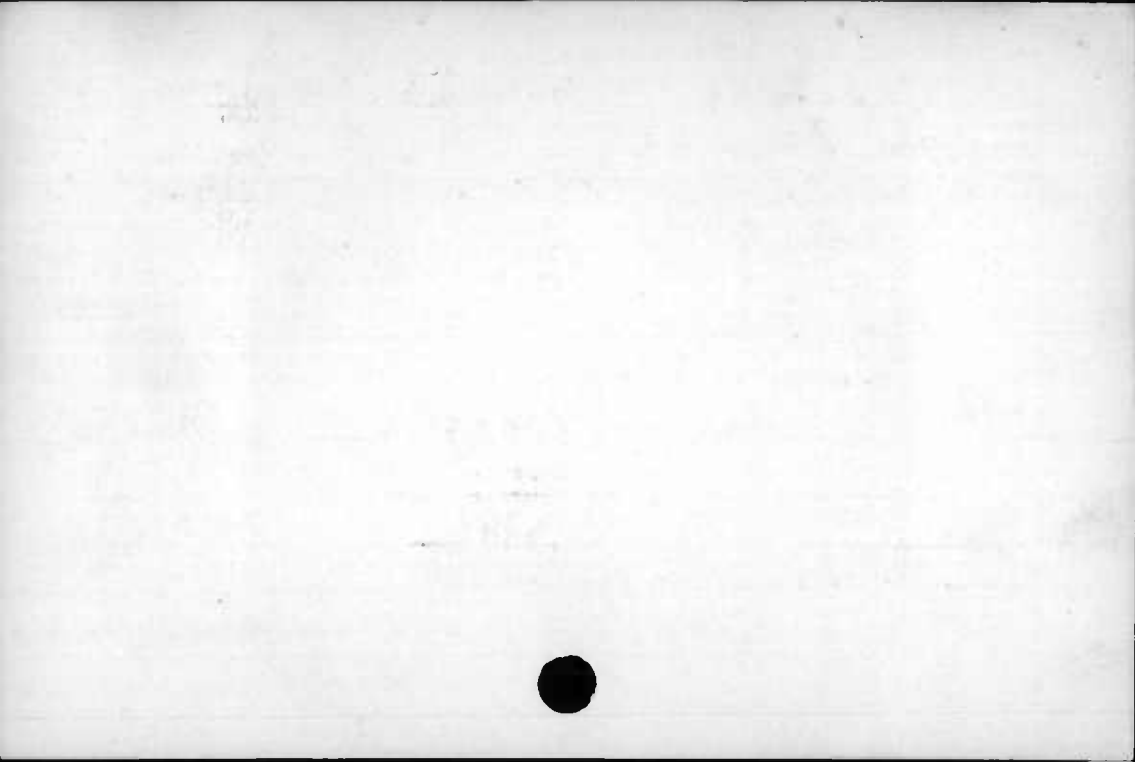
Primary *Unknown - Probable* How long *Several months*  
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *John L. Leasing*  
Address *Clinton Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Annie Reed Hill

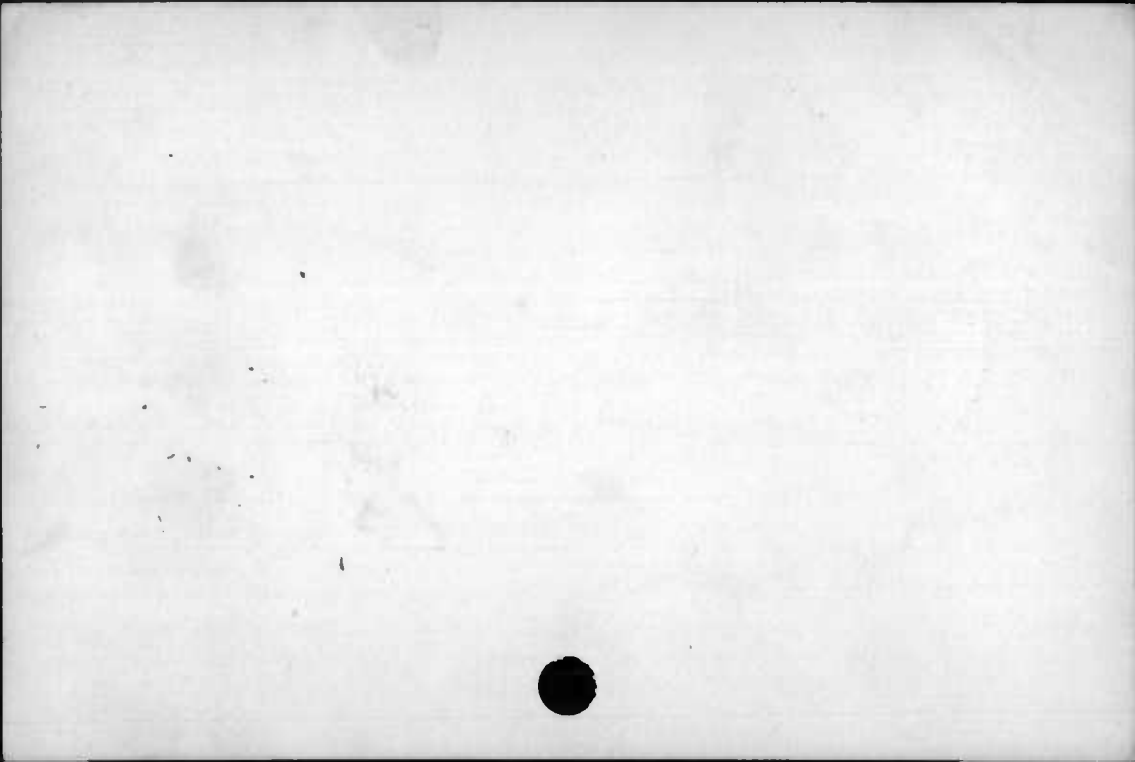
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

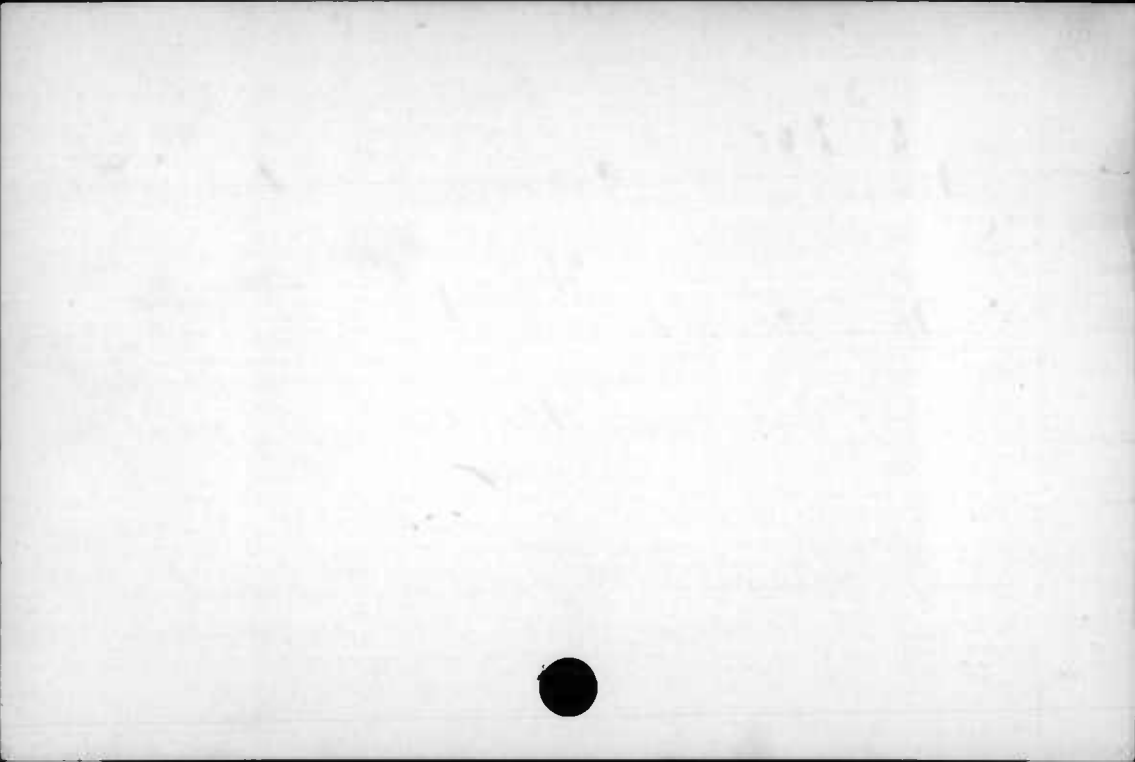
|   |                            |  |  |  |  |
|---|----------------------------|--|--|--|--|
| Died at <i>Seat Pleasant</i> Town                         |                            | <i>S. George</i> County                                      |  | MARYLAND                               |  |
| Date of death <i>1903</i> Month <i>Dec.</i> Day <i>12</i> |                            | Age <i>—</i> Years   |  | Months <i>—</i> Days <i>10 minutes</i> |  |
| Sex <i>Female</i>   | Color or Race <i>White</i> | Birth-place <i>Ind.</i>                                      |  |  |  |
| Occupation <i>Infant</i>                                  |                            | Where Residing if not at place of death <i>Seat Pleasant</i> |  |  |  |
| Married, Single or Widower <i>Single</i>                  |                            | Name of Wife or Husband <i>—</i>                             |  |  |  |
| Father's Name <i>Edward C. Hill</i>                       |                            | Father's Birthplace <i>Ind.</i>                              |  |  |  |
| Mother's Maiden Name <i>Good</i>                          |                            | Mother's Birthplace <i>Ind.</i>                              |  |  |  |
| Name of person giving information <i>Mrs. Kate Hill</i>   |                            | How related to deceased <i>Mother</i>                        |  |  |  |

## CAUSES OF DEATH

|                         |   |  |
|-------------------------|---|--|
| PHYSICIAN<br>OR CORONER | Primary <i>Prolapsed Uterus</i>   | How long <i>15 minutes</i>                 |
|                         | Immediate <i>Asphyxia</i>   | How long <i>10 minutes</i>                 |
|                         | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>L. S. Savage</i> |
|                         |   | Address <i>Berming D. C.</i>               |
| Accident or Suicide?    |   |  |



| Name in Full                        |   | Certificate of Death |   |  |                                      |  |
|-------------------------------------|---|----------------------|---|--|--------------------------------------|--|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at <b>Bowie</b> <small>Town</small>  |                      | <b>Prince George</b> <small>County</small>        |  | <b>MARYLAND</b>                      |  |
|                                     | Date of death <b>1906 Dec 20</b> <small>Month Day</small>                       |                      | <b>22</b> <small>Years</small>                    |  | <b>Months</b> <small>Days</small>    |  |
|                                     | Sex <b>Female</b>   |                      | Color or Race <b>Colored</b>                      |  | Birth-place <b>District Columbia</b> |  |
|                                     | Occupation <b>House wife</b>  |                      | Where Residing if not at place of death           |  |                                      |  |
|                                     | Married, Single or Widowed <b>Married</b>                                       |                      | Name of Wife or Husband <b>Harry Lewis</b>        |  |                                      |  |
|                                     | Father's Name <b>Thos Plowden</b>   |                      | Father's Birthplace <b>Maryland</b>               |  |                                      |  |
|                                     | Mother's Maiden Name <b>Kate Cooper</b>   |                      | Mother's Birthplace <b>Ind</b>                    |  |                                      |  |
|                                     | Name of person giving information <b>Catholine Borton</b>                       |                      | How related to deceased <b>Sister</b>             |  |                                      |  |
| CAUSES OF DEATH                     |   |                      |   |  |                                      |  |
| PHYSICIAN<br>OR CORONER             | Primary   |                      | How long <b>12 months</b>                         |  |                                      |  |
|                                     | <b>Phthisis Pulmonalis</b>  |                      | How long  |  |                                      |  |
|                                     | Are the name, age, sex, color, date and place correctly given above? <b>Yes</b> |                      | Signature of Physician <b>Nelson A. Ryan M.D.</b> |  |                                      |  |
|                                     |   |                      | Address <b>Bowie</b>                              |  |                                      |  |
| Accident or Suicide? <b>No</b>      |   | <b>Ind</b>           |   |  |                                      |  |



Name  
in  
Full

CERTIFICATE OF DEATH

*Lusby*

*P.G.*

MARYLAND

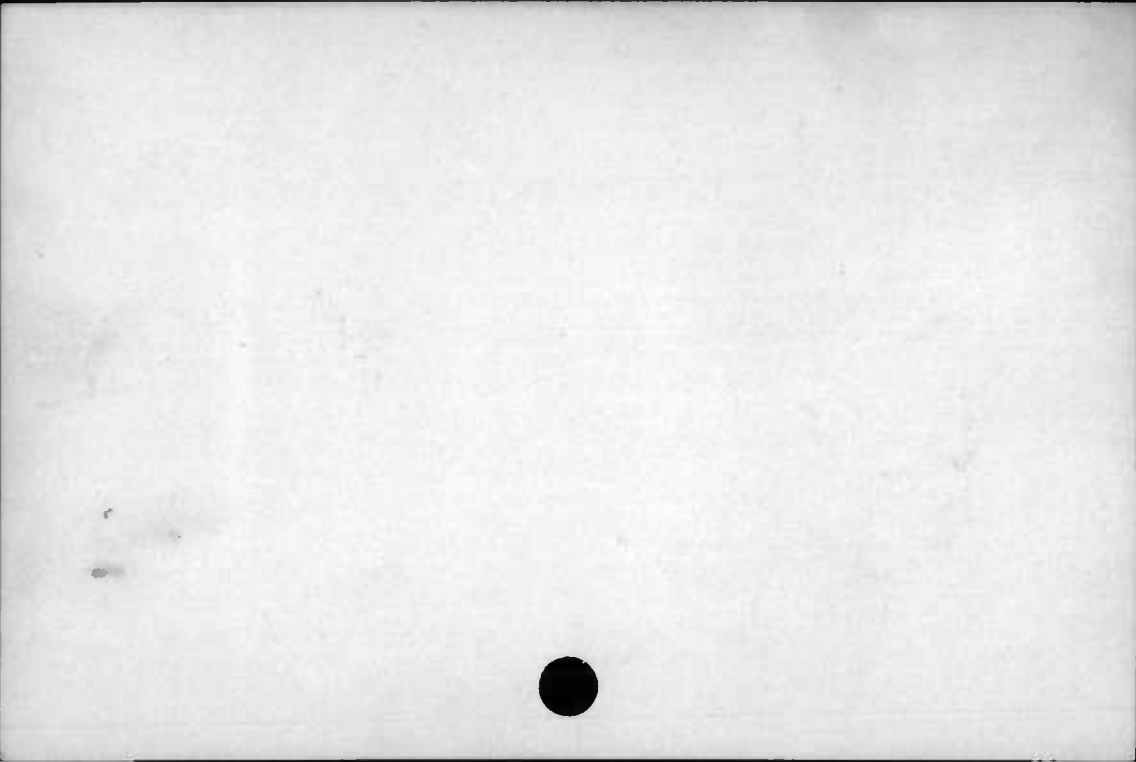
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |   |  |                         |  |
|--|--|---|--|-------------------------|--|
| Died at <i>T.B.</i> Town   |  | County <i>P.G.</i>                      |  |                         |  |
| Date of death <i>1905</i> Month <i>12</i> Day <i>12</i> Years <i>Still birth</i> Months Days |  |   |  |                         |  |
| Sex <i>female</i>  |  | Color or Race <i>white</i>              |  | Birth-place <i>T.B.</i> |  |
| Occupation   |  | Where Residing if not at place of death |  |                         |  |
| Married, Single or Widowed   |  | Name of Wife or Husband                 |  |                         |  |
| Father's Name <i>W.H. Lusby</i>  |  | Father's Birthplace <i>Ind</i>          |  |                         |  |
| Mother's Maiden Name <i>Edith W Young</i>  |  | Mother's Birthplace <i>Ind</i>          |  |                         |  |
| Name of person giving information <i>W.H. Lusby</i>  |  | How related to deceased <i>father</i>   |  |                         |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                    |   |
|--|--------------------|---|
| Primary  | <i>S.</i>          | How long                                  |
| Immediate  | <i>Still birth</i> | How long                                  |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i>         | Signature of Physician <i>John A. Cox</i> |
|  |                    | Address <i>T.B.</i>                       |
| Accident or Suicide?   |                    | <i>Ind</i>                                |



Name  
in  
Full

Eleanor Nelson Lindael Meeds

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Melwood TownB. Geo " CountyDate of death 1905 Month DecDay 6Age 67 YearsMonths 10Days -Sex FemaleColor or Race WhiteBirth-place Wilmington Del

Occupation

Where Residing if not  
at place of death -Married, Single  
or Widowed WidowName of ~~Wife~~ or  
Husband Benjamin N. MeedsFather's Name Samuel Lloyd LindaelFather's  
Birthplace -Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationBenjamin N. MeedsHow related  
to deceased Son

## CAUSES OF DEATH

Primary Valvular disease of heartHow long Does not know

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Dr. Giffels  
Upper Marlboro Md

Accident or Suicide?

L. M. C. C. C.

Name  
in  
Full

Adam Saunders Plummer

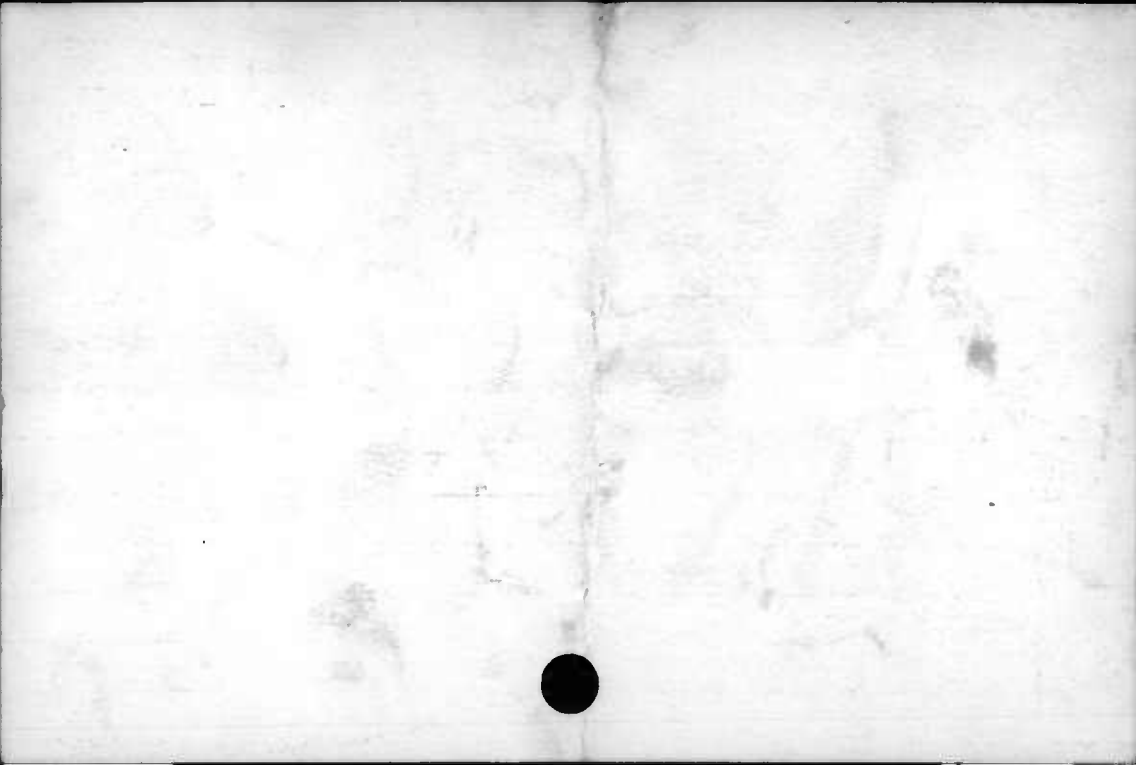
## CERTIFICATE OF DEATH

|                                       |                 |                     |                                    |   |             |                               |           |
|---------------------------------------|-----------------|---------------------|------------------------------------|---|-------------|-------------------------------|-----------|
| Died at                               |                 | Town<br>Hyattsville |                                    | County<br>Pr Geo                                |             | MARYLAND                      |           |
| Date<br>of death                      |                 | 1905                | Month<br>12                        | Day<br>13                                       | Years<br>86 | Months                        | Days      |
| Sex                                   | Male            |                     | Color or<br>Race                   | Colored   |             | Birth-<br>place               | Pr Geo Co |
| Occupation                            | Farmer          |                     |                                    | Where Residing if not<br>at place of death home |             |                               |           |
| Married, Single<br>or Widowed         | Widower         |                     | Name of Wife or<br>Husband Unknown |   |             |                               |           |
| Father's<br>Name                      | Unknown         |                     |                                    |   |             | Father's<br>Birthplace        |           |
| Mother's<br>Maiden Name               | Unknown         |                     |                                    |   |             | Mother's<br>Birthplace        |           |
| Name of person giving<br>in formation | Garfield Bailey |                     |                                    |   |             | How related<br>to deceased no |           |

## CAUSES OF DEATH

|   |          |                           |                   |
|---|----------|---------------------------|-------------------|
| Primary   | Marasmus | How long                  | 6 mo              |
| Immediate   |          | How long                  |                   |
| Are the name, age, sex, color, date<br>and place correctly given above? | yes      | Signature of<br>Physician | Shirley Palmer    |
|   |          | Address                   | Hyattsville<br>Md |
| Accident or Suicide?  | Neither  |                           |                   |

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Maria Carolina Richter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |                            |  |                            |                 |                  |               |
|---|----------------------------|--|----------------------------|-----------------|------------------|---------------|
| Died at <u>Halls</u> <sup>Town</sup>                        |                            | <u>Prince George</u> <sup>County</sup>           |                            | MARYLAND        |                  |               |
| Date of death <u>1905</u>                                   |                            | Month <u>Dec</u>                                 | Day <u>21</u>              | Years <u>67</u> | Months <u>11</u> | Days <u>—</u> |
| Sex <u>Female</u>   | Color or Race <u>White</u> |  | Birth-place <u>Germany</u> |                 |                  |               |
| Occupation <u>Housewife</u>                                 |                            | Where Residing If not at place of death <u>—</u> |                            |                 |                  |               |
| Married, Single or Widowed <u>Widow</u>                     |                            | Name of Wife or Husband <u>—</u>                 |                            |                 |                  |               |
| Father's Name <u>John Richter</u>                           |                            | Father's Birthplace <u>Germany</u>               |                            |                 |                  |               |
| Mother's Maiden Name <u>Annie Albers</u>                    |                            | Mother's Birthplace <u>Germany</u>               |                            |                 |                  |               |
| Name of person giving information <u>Hermann A. Richter</u> |                            | How related to deceased <u>Son</u>               |                            |                 |                  |               |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <u>Slow Paralysis</u>   | How long <u>1 week</u>                         |
| Immediate <u>Cardiac Paralysis</u>  | How long <u>Immediate</u>                      |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>Dr. A. R. Walker</u> |
|   | Address <u>Halls, Md.</u>                      |
| Accident or Suicide? <u>—</u>   |  |



Name in Full

Certificate of Death

William Henry Roby

Town

County

Died at Laurel Grove Georges Co

MARYLAND

|                   |                    |                   |                    |                     |       |                           |                   |
|-------------------|--------------------|-------------------|--------------------|---------------------|-------|---------------------------|-------------------|
| Date 1905         | Month Decr         | Day 10            | Age 73             | Y. 9                | M. D. | Native of Maryland        | Occupation Farmer |
| Male              | White              | Married           | <del>Widow</del>   | <del>Divorced</del> |       |                           | Wife 4            |
| <del>Female</del> | <del>Colored</del> | <del>Single</del> | <del>Widower</del> |                     |       | Number of children living | 2 wife 5          |

Husband of Sarah Roby

Father's Name Wm H Roby

Mother's Maiden Name Margaret Loper

|                |           |                        |                             |         |
|----------------|-----------|------------------------|-----------------------------|---------|
| Cause of Death | Primary   | Chronic Gastro Enteric | How long sick               | 2 years |
|                | Immediate | Inanition              | Accident, Suicide, Homicide |         |

Reported by

Address

Dr Jno Cronmiller  
Laurel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Martha Rowland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Friend County P. Georges MARYLAND

Died at Friend Date of death 1905 Month Dec Day 18 Age 61 Years Months Days

Sex Female Color or Race White Birth-place Ind

Occupation Housework Where Residing if not at place of death At-home

Married, Yes Name of Wife or Husband John Rowland

Father's Name Unknown Father's Birthplace Ind

Mother's Maiden Name Unknown Mother's Birthplace Ind

Name of person giving information Charles Rowland How related to deceased Nephew

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Heart trouble from bowdles How long 3 days

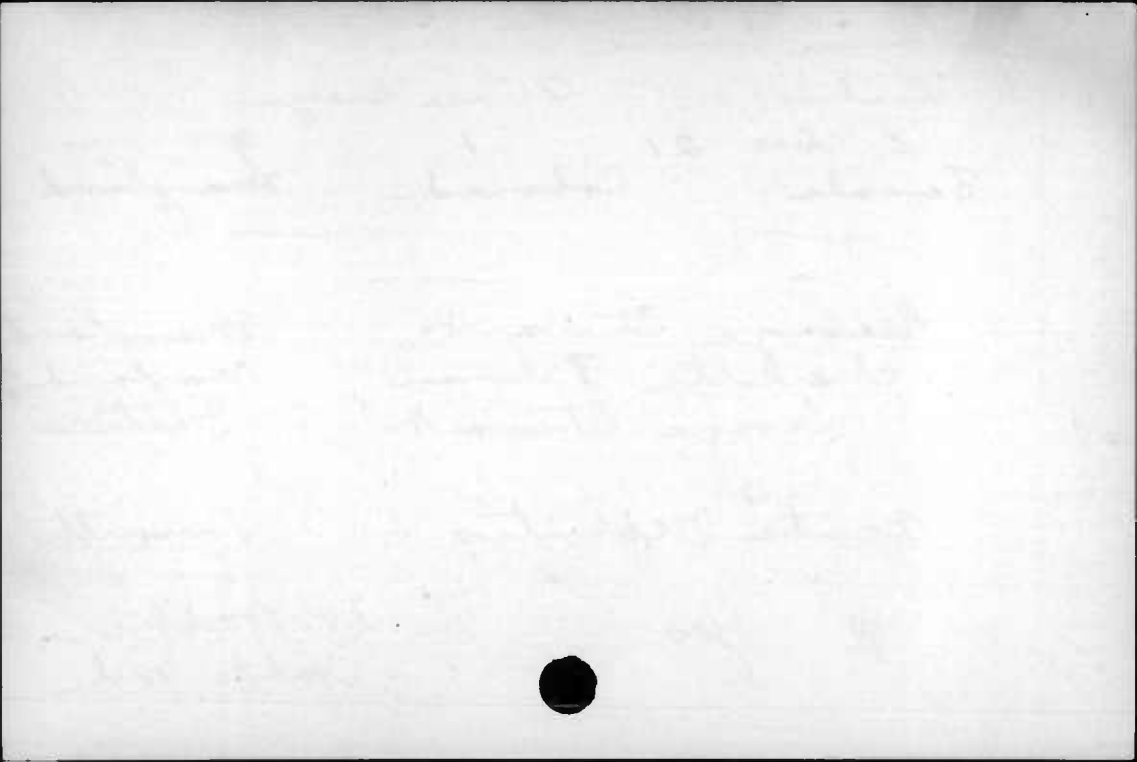
Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John L. Kuning

Address Clinton

Accident or Suicide? No



Name in Full

Certificate of Death

John W. Skinner

Town

County

Died at *Oven Hill Prince Geo* MARYLAND

Date *1905 Dec. 17* Month Day Y. M. D. Native of *md* Occupation *child*

Male ☒ Female ☐ ~~White~~ ☒ ~~Colored~~ ☐ ~~Married~~ ☒ ~~Single~~ ☐ ~~Widow~~ ☒ ~~Widower~~ ☐ ~~Divorced~~ ☐ Number of children living *1*

Husband of  
WifeFather's Name *Edward Skinner*Mother's Name *Harriett Skinner*

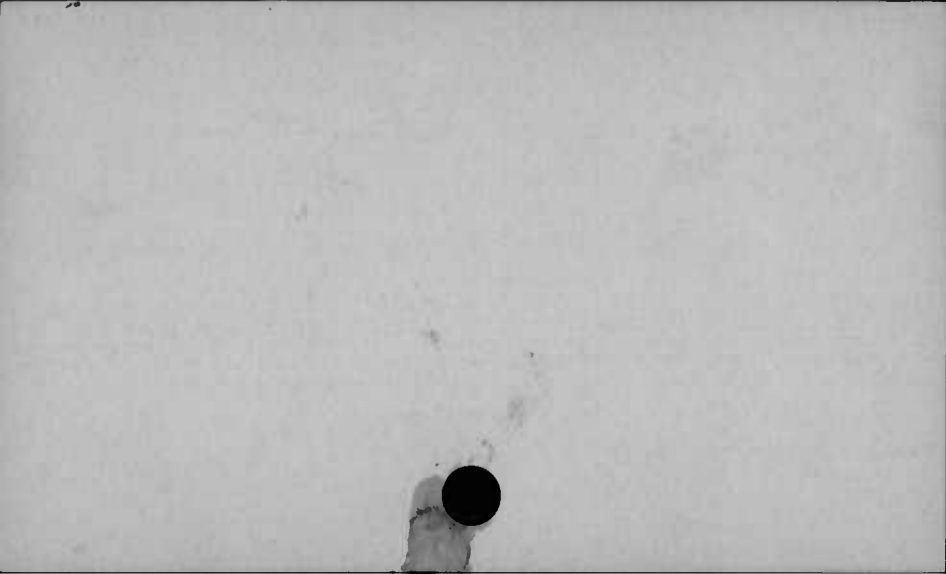
Cause of Death { Primary *Consumption* Immediate *Asthma* } How long sick *one year* Accident, Suicide, Homicide

Reported by

Address

*J. M. Parker M.D.*  
*Congress Heights D.C.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



| Name<br>in<br>Full                                      |  | Catherine Corinne Stewart  |  |  |  | CERTIFICATE OF DEATH        |  |
|---|--|--|--|--|--|-----------------------------|--|
| TO BE ANSWERED BY<br>NEAREST FRIEND                     |  | Died at <u>Leeland</u> <small>Town</small>   |  | <u>Prince George</u> <small>County</small>       |  | MARYLAND                    |  |
|   |  | Date of death <u>1905</u> <small>Month</small> <u>Dec</u> <small>Day</small> <u>21</u> <small>Years</small> <u>1</u> <small>Months</small> <u>9</u> <small>Days</small> <u>—</u> |  | Age <u>1</u>                                     |  |                             |  |
|   |  | Sex <u>Female</u>  |  | Color or Race <u>Colored</u>                     |  | Birth-place <u>Maryland</u> |  |
|   |  | Occupation <u>—</u>  |  | Where Residing if not at place of death <u>—</u> |  |                             |  |
|   |  | Married, Single or Widowed <u>—</u>  |  | Name of Wife or Husband <u>—</u>                 |  |                             |  |
|   |  | Father's Name <u>George Stewart</u>  |  | Father's Birthplace <u>Maryland</u>              |  |                             |  |
|   |  | Mother's Maiden Name <u>Charlotte Pilman</u>   |  | Mother's Birthplace <u>Maryland</u>              |  |                             |  |
| Name of person giving Information <u>George Stewart</u> |  | How related to deceased <u>Father</u>  |  |  |  |                             |  |
| CAUSES OF DEATH   |  |  |  |  |  |                             |  |
| PHYSICIAN<br>OR CORONER                                 |  | Primary <u>Acute Nephritis</u>   |  | How long <u>1 month</u>                          |  |                             |  |
|   |  | Immediate <u>"</u>   |  | How long <u>"</u>                                |  |                             |  |
|   |  | Are the name, age, sex, color, date and place correctly given above? <u>yes</u>  |  | Signature of Physician <u>Dr. A. R. Walker</u>   |  |                             |  |
|   |  |  |  | Address <u>Halls, Md.</u>                        |  |                             |  |
|   |  | Accident or Suicide? <u>—</u>  |  |  |  |                             |  |



Name in Full

Certificate of Death

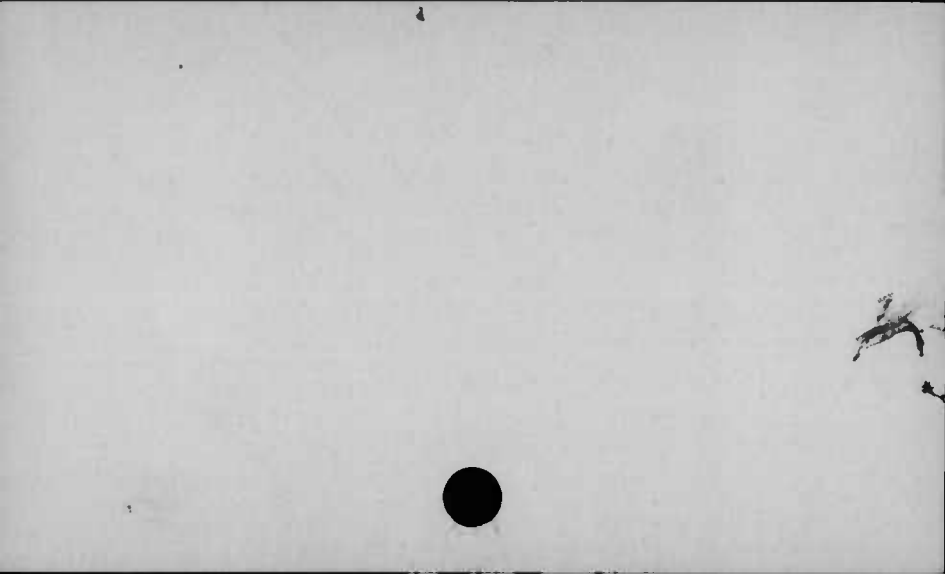
Stillborn Tillman (N. M.)  
 Town County  
 Died at ~~St~~ New Glatz P. Georges MARYLAND  
 Date 1905 12 20 Y. M. D. Native of Occupation  
 Male ~~White~~ Married ~~Widow~~ Divorced  
 Female Colored Single ~~Widower~~ Number of children living

Husband  
of  
Wife

Father's Name Illegitimate Mother's Maiden Name Lucy Tillman  
 Cause of Primary How long sick  
 Death Immediate

Reported by ~~hox marks~~ Lunkia Bowles Midwife  
 Address New Glatz  
 Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Elysa Walker

## CERTIFICATE OF DEATH

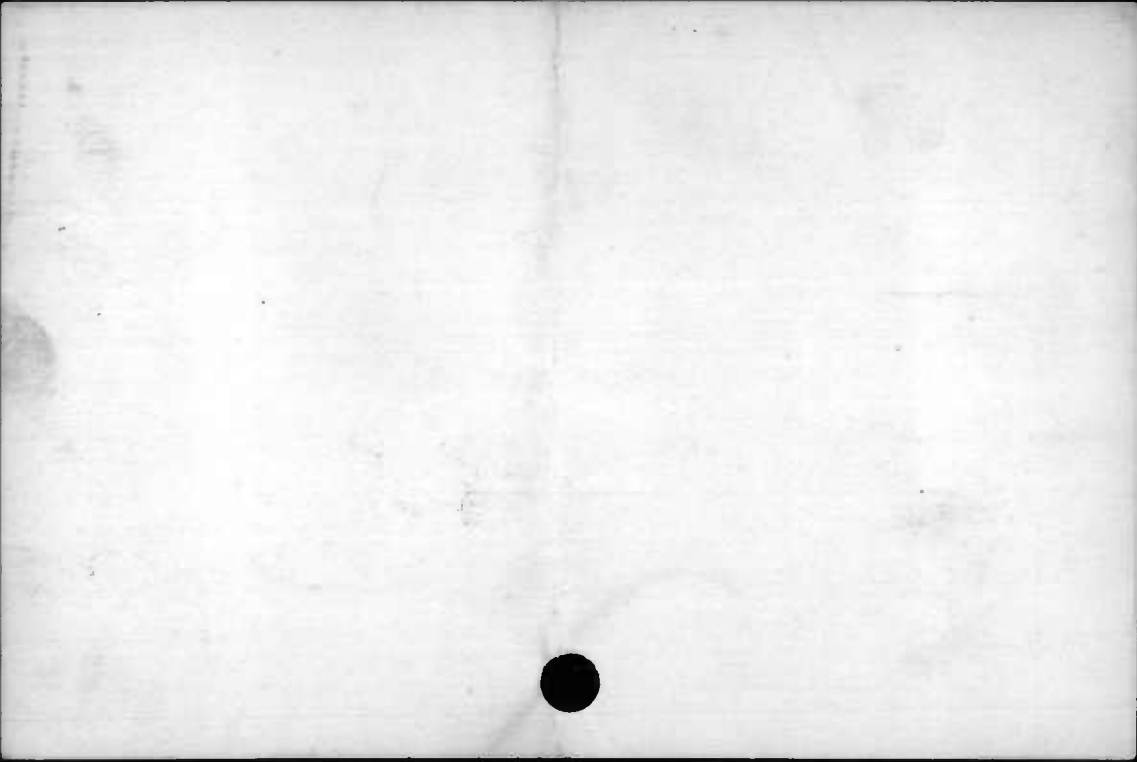
TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |        |                            |  |                       |           |                            |       |
|--------------------------------------|--------|----------------------------|--|-----------------------|-----------|----------------------------|-------|
| Died at                              |        | Town<br>Laurel             |  | County<br>Prince Geo. |           | MARYLAND                   |       |
| Date<br>of death                     |        | 1905                       | Month<br>Dec                               | Day<br>19             | Age<br>75 | Months                     | Days  |
| Sex                                  | Female |                            | Color or<br>Race                           | White                 |           | Birth-<br>place            | Va    |
| Occupation                           | Washer |                            | Where Residing if not<br>at place of death |                       | —         |                            |       |
| Married, Single<br>or Widowed        |        | Name of Wife or<br>Husband |  |                       |           |                            |       |
| Father's<br>Name                     |        | William Walker             |  |                       |           | Father's<br>Birthplace     | Va    |
| Mother's<br>Maiden Name              |        | Nancy Ballinger            |  |                       |           | Mother's<br>Birthplace     | Va    |
| Name of person giving<br>Information |        | Bessie Slater              |  |                       |           | How related<br>to deceased | Niece |

## CAUSES OF DEATH

|   |                           |     |                           |              |
|---|---------------------------|-----|---------------------------|--------------|
| Primary   | Malignant-abdominal tumor |     | How long                  | One year     |
| Immediate   | ascites                   |     | How long                  | —            |
| Are the name, age, sex, color, date<br>and place correctly given above? |                           | Yes | Signature of<br>Physician | G. F. Taylor |
|   |                           |     | Address                   | Laurel       |
| Accident or Suicide? —  |                           |     |                           |              |

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

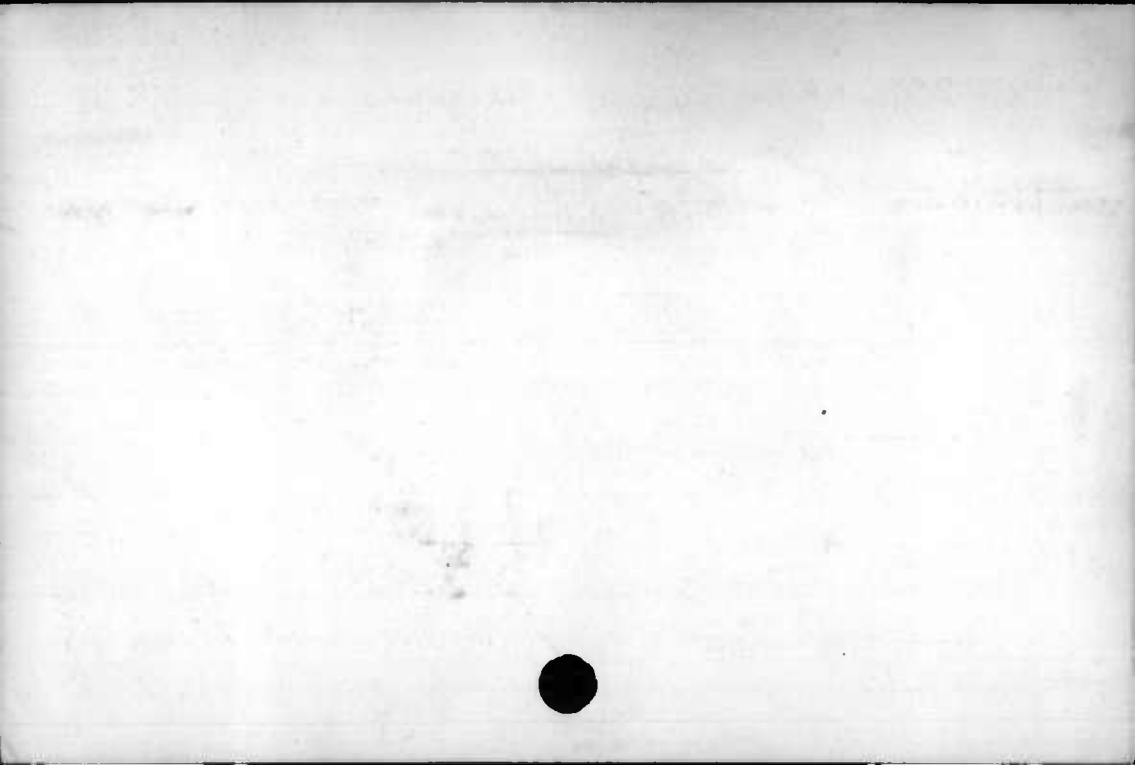
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |  |  |  |  |                                      |  |                 |  |               |  |
|---|--|--|--|--|--|--------------------------------------|--|-----------------|--|---------------|--|
| Name <i>James Webster.</i>                            |  | Town <i>Alms house</i>                         |  | County <i>P. eses.</i>                           |  | MARYLAND                             |  |                 |  |               |  |
| Died at   |  | Month <i>Dec.</i>                              |  | Day <i>14</i>                                    |  | Age <i>88</i>                        |  | Months <i>—</i> |  | Days <i>—</i> |  |
| Date of death <i>1905</i>                             |  | Sex <i>male</i>                                |  | Color or Race <i>white</i>                       |  | Birth-place <i>md.</i>               |  |                 |  |               |  |
| Occupation <i>none</i>                                |  |  |  | Where Residing if not at place of death <i>—</i> |  |                                      |  |                 |  |               |  |
| Married, Single or Widowed <i>Married</i>             |  | Name of Wife or Husband <i>Bettie Webster.</i> |  |  |  |                                      |  |                 |  |               |  |
| Father's Name <i>—</i>                                |  |  |  |  |  | Father's Birthplace <i>—</i>         |  |                 |  |               |  |
| Mother's Maiden Name <i>—</i>                         |  |  |  |  |  | Mother's Birthplace <i>—</i>         |  |                 |  |               |  |
| Name of person giving information <i>Lemuel Allen</i> |  |  |  |  |  | How related to deceased <i>none.</i> |  |                 |  |               |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |   |  |
|--|--|---|--|
| Primary <i>Heart Trouble.</i>  |  | How long <i>15 min.</i>                       |  |
| Immediate  |  | How long                                      |  |
| Are the name, age, sex, color, date and place correctly given above? <i>yes.</i> |  | Signature of Physician <i>John C. Sanbury</i> |  |
|  |  | Address <i>P. restrille</i>                   |  |
|  |  | <i>md.</i>                                    |  |
| Accident or Suicide?   |  |   |  |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |  |  |                              |  |                     |  |
|--|--|--|--|------------------------------|--|---------------------|--|
| Died at <i>Sanham</i>                                |  | Town <i>Sanham</i>                               |  | County <i>Pr George</i>      |  | MARYLAND            |  |
| Date of death <i>1905</i>                            |  | Month <i>Dec</i>                                 |  | Day <i>21</i>                |  | Age <i>Adult 54</i> |  |
| Sex <i>Female</i>                                    |  | Color or Race <i>Black</i>                       |  | Birth-place <i>Sanham Md</i> |  |                     |  |
| Occupation <i>Domestic</i>                           |  | Where Residing if not at place of death <i>—</i> |  |                              |  |                     |  |
| Married, Single or Widowed <i>Married</i>            |  | Name of Wife or Husband <i>John White</i>        |  |                              |  |                     |  |
| Father's Name <i>Dr. Thompson</i>                    |  | Father's Birthplace <i>off father</i>            |  |                              |  |                     |  |
| Mother's Maiden Name <i>Johnson (Maria)</i>          |  | Mother's Birthplace <i>Not known</i>             |  |                              |  |                     |  |
| Name of person giving information <i>Mrs Beckett</i> |  | How related to deceased <i>Not at all</i>        |  |                              |  |                     |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Severe Cold</i>  | How long <i>03</i>                              |
| Immediate <i>Pneumonia</i>  | How long <i>Six days</i>                        |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>CW Birdrell, M.D.</i> |
| <i>As near as possible</i>  | Address <i>Hyattsville Md</i>                   |
| Accident or Suicide? <i>no</i>  |   |

